

FILED DEC 11 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4770

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1201 West 71 Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX (Specify whether  
In this community Life years, months or days)

3. (a) PRINT FULL NAME JOHN HENRY LEE

3. (b) If veteran, name war XX 3. (c) Social Security No. 486-07-5586

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillian Lee 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Oct 7 1881 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 1 14 hr. min.

9. Birthplace Kansas City Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Production Manager

11. Industry or business Kansas City Star

12. Name John H. Lee

13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Cahill

15. Birthplace Atchison Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Lee

(b) Address 1201 West 71 Terrace

17. (a) Entombment 11-23-48 (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Mt. Moriah Mausoleum

18. (a) Signature of funeral director JW Wagner

(b) Address Kansas City, Mo.

19. (a) 11-22-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1201 West 71 Terrace  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1948 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from August 1930 to Nov 21 1948  
that I last saw him alive on Nov 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury  
George C. Lee (M. D. or other)

23. Signature George C. Lee Address 1630 Prof. Bldg Date signed 11/21/48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed Abrin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above. ;**